

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Data Management Section
P.O. Box 6015
Indianapolis, Indiana 46206-6015

Monthly Report of Operation

Waste Stabilization Lagoons (Regular or Controlled Discharge)

(Pending Approval - 12/02)

Name of Facility		Permit Number	
Certified Operator: Name	Class	Certificate Number	Expiration Date
Month:		Year	

General Information					Bypasses/ Overflows	Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Cont. Tank Resid. Chlorine (mg/l) or E. Coli colony/100 ml	Final Residual Chlorine (mg/l)	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
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Max																									
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Certified Operator
Date
Phone Number:

Signature of Officer, Principal Executive, or Authorized Agent
Date